CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers) 1102093263	2 Total pages	filed: 5		
3 CANDIDATE/ OFFICEHOLDER	Ms / MRs / MR	FIRST John	мі D	OFFIC	E USE ONLY		
NAME	NICKNAME	LAST	SUFFIX	Date Received			
		Terry	Sr	Guadalu	e Co Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 104 Thomas Edison Dr., Schertz, Tx,78154		JAN 1 8 2022 Received				
Change of Address 5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION						
OFFICEHOLDER PHONE	(210)	392-2601	EXTENSION	9	ed or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$		
TREASURER NAME	Mr.	Mark	С	Date Processed			
	NICKNAME	газт Friesenhahn	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 21229 Forest Waters Circle, Garden Ridge, Tx. 78266						
(Residence or Business)							
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		n 0		
PHONE	(210) 861-5537						
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	Month	Day Ye			
OOVERLED	7 / 16 / 21 _{THROUGH} 1 / 15 / 22						
11 ELECTION	ELECTION DA	re ,	ELECTION TYPE				
/80	Month Day	Year Primary	Runoff Other Description				
	3 / 1 /	22 General	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known				
	Justice of t	he Peace Pct. 3	Justice of the Po	eace Pct. :	3		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS							
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) John D. Terry Sr. 1102093263 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ 0.00**TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** 500.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3 TOTAL UNITEMIZED POLITICAL EXPENDITURE. 0.00**TOTALS** 500.00 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0.00**BALANCE** OF REPORTING PERIOD **OUTSTANDING** 6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 201.17 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD **18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit MEGAN NAVA Notary Public, State of Texas My Comm. Exp. 08-06-2023 ID No. 12849604-6 Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath OR (2) Unsworn Declaration My address is (street) (city) (state) (zip code) (country) Executed in _____ County, State of _____ , on the ____ day of _ (month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ER NAME	20		r ID (Ethics Cor	nmissio	on Filers)
Jonn	D. Terry Sr.		110	02093263		
	HEDULE SUBTOTALS ME OF SCHEDULE					SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				\$	500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS				\$	
4.	SCHEDULE E: LOANS				\$	2
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRI	BUT	TIONS	\$	500.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	r' con	TRIE	BUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS			\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUS	INE	SS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTR	IBUT	rions	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	UTIONS	S RE	TURNED	\$	-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 1
John D. T		Filer ID (Ethics Commission Filers) 1102093263	
4 Date	5 Full name of contributor out-of-state PAG Matthew Tepper	7 Amount of contribution (\$)	
12/11/2021	6 Contributor address; City; State; Zip Code 5803 Link Ave., Austin, Tx 78752		500.00
8 Principal occu Attorney	upation / Job title (See Instructions)	9 Employer (See Instruction MVBA	ions)
Date	Full name of contributor out-of-state PAG	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	.C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see Instru	OF THIS SCHEDULE AS NE uction guide for additional re	EDED requirements.
AND THE RESERVE AND THE PARTY OF THE PARTY O			,

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	Fees Office Oving Food/Beverage Expense Polling Expense Printing Expense P		Travel In District Travel Out Of Dist	ipment & Related Expense		
Cledit Cald Laymont	The Instruction Guide explains how to o					
1 Total pages Schedule F	John D. Terry Sr.		3 Filer ID (Ethics Commission Filers) 1102093263			
4 Date	5 Payee name			*		
12/11/2021		John D. Terry Sr.				
6 Amount (\$) 500.00	7 Payee address; 104 Thomas Edison Dr., Schert:	z, Texas, 78154	State;	Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Loan Repayment/Reimbursement Reimbursement to self from loan from personal funds.				
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,				ng expense		
Complete ONLY if direct expenditure to benefit C.		Office sought		Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	ng expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name /OH	Office sought		Office held		
Date	Payee name		V			
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/		Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED			
orms provided by Texas F	thics Commission					